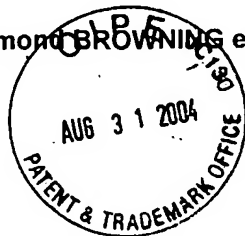


## TRANSMITTAL FORM

Attorney Docket No.  
**3141P**

IFW

In re the application: **Raymond BROWN et al.**Confirmation No.: **To Be Assigned**Serial No: **10/638,170**Group Art Unit: **2644**Filed: **August 7, 2003**Examiner: **To Be Assigned**For: **Control System**

## ENCLOSURES (check all that apply)

|                          |                                     |                                                                                                                                                  |                                                                   |                                     |                                                                   |
|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>                                                                                                                         | Assignment and Recordation Cover Sheet                            | <input type="checkbox"/>            | After Allowance Communication to Group                            |
| <input type="checkbox"/> | After Final                         | <input type="checkbox"/>                                                                                                                         | Part B-Issue Fee Transmittal                                      | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> | Information disclosure statement    | <input type="checkbox"/>                                                                                                                         | Letter to Draftsman                                               | <input type="checkbox"/>            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> | Form 1449                           | <input type="checkbox"/>                                                                                                                         | Drawings                                                          | <input type="checkbox"/>            | Status Letter                                                     |
| <input type="checkbox"/> | (X) Copies of References            | <input type="checkbox"/>                                                                                                                         | Petition                                                          | <input checked="" type="checkbox"/> | Postcard                                                          |
| <input type="checkbox"/> | Extension of Time Request *         | <input type="checkbox"/>                                                                                                                         | Fee Address Indication Form                                       | <input checked="" type="checkbox"/> | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> | Express Abandonment                 | <input type="checkbox"/>                                                                                                                         | Terminal Disclaimer                                               | - Statement Under 37 CFR 3.73(b)    |                                                                   |
| <input type="checkbox"/> | Certified Copy of Priority Doc      | <input checked="" type="checkbox"/>                                                                                                              | Revocation of POA with New POA & Change of Correspondence Address |                                     |                                                                   |
| <input type="checkbox"/> | Response to Incomplete Appln        | <input type="checkbox"/>                                                                                                                         | Change of Correspondence Address                                  |                                     |                                                                   |
| <input type="checkbox"/> | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |                                                                   |                                     |                                                                   |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) |                                                                                                                                                  |                                                                   |                                     |                                                                   |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
|--------------------|----------------------------------|-----------------------------------------|--------------|------------|---------|
| Total Claims       | 98                               | 98                                      | 0            | \$9.00     | \$ 0.00 |
| Independent Claims | 30                               | 30                                      | 0            | \$43.00    | \$ 0.00 |
|                    |                                  |                                         |              | Total Fees | \$ 0.00 |

## METHOD OF PAYMENT

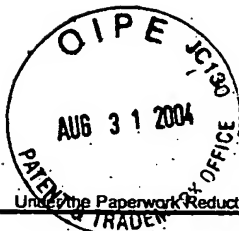
|                                     |                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                 |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                    |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |                                      |
|---------------|--------------------------------------|
| Attorney Name | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature     |                                      |
| Date          | August 27, 2004                      |

## CERTIFICATE OF MAILING

|                                                                                                                                                                                                                                                                              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 27, 2004 |              |
| Type or printed name                                                                                                                                                                                                                                                         | Jinny Nguyen |
| Signature                                                                                                                                                                                                                                                                    |              |



Approved for use through 11/30/2005. OMB 0651-0035  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/638,170      |
| Filing Date            | August 7, 2003  |
| First Named Inventor   | BROWNING et al. |
| Art Unit               | 2644            |
| Examiner Name          | To Be Assigned  |
| Attorney Docket Number | 3141P           |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 29141

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

29141

OR

|                                                     |  |       |     |     |  |
|-----------------------------------------------------|--|-------|-----|-----|--|
| <input type="checkbox"/> Firm or<br>Individual Name |  |       |     |     |  |
| Address                                             |  |       |     |     |  |
| Address                                             |  |       |     |     |  |
| City                                                |  | State |     | Zip |  |
| Country                                             |  |       |     |     |  |
| Telephone                                           |  |       | Fax |     |  |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

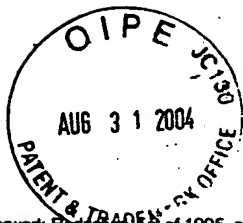
|           |                                          |           |                |
|-----------|------------------------------------------|-----------|----------------|
| Name      | Michael L. Hackworth - President and CEO |           |                |
| Signature |                                          |           |                |
| Date      | Aug 16, 2004                             | Telephone | (408) 200-3105 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/96 (06-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Raymond BROWNING et al.Application No./Patent No.: 10/638,170 Filed/Issue Date: August 7, 2003Entitled: CONTROL SYSTEMTymphany Corporation, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014884, Frame 0091, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michael L. Hackworth

Signature

Printed or Typed Name

President and CEO

Title

Aug 16, 2004

Date

(408)200-3105

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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